

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031471

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 1760

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED SEP 9 1963

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Butler | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Route 3, Poplar Bluff | | c. CITY OR TOWN Poplar Bluff | |
| Length of stay in lb 3 yrs | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION family home | | d. STREET ADDRESS (If outside, give location) Route 3 | |
| Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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|---|---------------------------|---|--------------------------------|
| 3. NAME OF DECEASED (Type or print) First Middle Last Theodore Christopher | | 4. DATE OF DEATH Month Day Year August 29, 1963 | |
| 5. SEX male | 6. COLOR OR RACE cauc. | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12/11/1888 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer & timber worker | | 10b. KIND OF BUSINESS OR INDUSTRY farming | 9. AGE (last birthday) 74 |
| 11. BIRTHPLACE (City and state or country) Potosi, Missouri | | 12. CITIZEN OF WHAT COUNTRY U. S. | |

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|---|--|---|
| 13a. FATHER'S NAME James Christopher | 13b. MOTHER'S MAIDEN NAME Mary Marler | 14. NAME OF HUSBAND OR WIFE Addie Scott Christopher |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 17. INFORMANT Address Missouri Addie Christopher, R#3, Poplar Bluff |

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|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Artery Disease</i> DUE TO (b) <i>Arterio Sclerosis Heart Disease</i> DUE TO (c) <i>?</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

| | | |
|---|---|--|
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
| 20c. TIME OF INJURY Hour a.m. Month, Day, Year | | |

| | | | | |
|---|--|--|--------|-------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION 25 Aug 63 to 29 Aug 63 | COUNTY | STATE |
| 21. I attended the deceased from 2:35 pm on the date stated above, and to the best of my knowledge, from the causes stated. | | | | |

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|--|---|---|
| 22a. SIGNATURE (Doctor or title) D. B. Jackson M.D. | 22b. ADDRESS 321 Oak Poplar Bluff Mo 63605 | 22c. DATE SIGNED 29 Aug 63 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 8/31/63 | 23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery |
| 23d. LOCATION (City, town, or county) Poplar Bluff Missouri | 24. FUNERAL DIRECTOR Watkins & Sons Dexter, Mo | 25. DATE RECD. BY LOCAL REG. 9/5/1963 |
| 26. REGISTRAR'S SIGNATURE D. B. Jackson | | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
10120
20120
3
4 0
5 1
6
7 0
8 2
94200
10
11
12 90-0
13 1-0

SEP 27 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Carl M. Watkins

Licensed Embalmer No.

4964

P. O. Address

Quincy, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.